

1059 U.S. PTO
01/11/02

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JC978 U.S. PTO
10/04/41
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		Attorney Docket No.	AMKOR-018A
		First Inventor	Jong Sik Paek
Title	SEMICONDUCTOR PACKAGE WITH STACKED DIES		
		Express Mail Label No.	EV 028981325 US

(Only for new nonprovisional applications under 37 CFR 1.52(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB17) 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u> </u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed)37 CFR 3.73(b) -Detailed Description -Claim(s) -Abstract of the DisclosureCopies of IDS Citations 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>5</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
7. <input type="checkbox"/> CD-ROM or C-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27 (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies a computer program listing appendix		
ACCOMPANYING APPLICATION PARTS		
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically stated) 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other: _____		

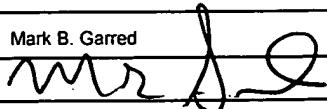
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part of prior application No.: /

Prior application information: Examiner _____ Group/Art Unit: _____
 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

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Country			

Name (Print/Type)	Mark B. Garred	Registration No. (Attorney/Agent)	34,823
Signature			
		Date:	11/11/02

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

		Complete if Known	
		Application Number	Unknown
		Filing Date	Herewith
		First Named Inventor	Jong Sik Paek
		Examiner Name	Unknown
TOTAL AMOUNT OF PAYMENT	(\$848.00)	Group Art Unit	Unknown
		Attorney Docket No.	AMKOR-018A

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																											
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <u>19-4330</u></p> <p>Deposit Account Name <u>Stetina Brunda</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>5 81</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1,440	218	720	128	1,960	228	980	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	180	126	180	581	40	5 81	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	Other fee (specify) _____			
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<p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>805</td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td colspan="2">\$ 740.00</td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims <u>26</u></td><td>- 20** = <u>6</u></td><td>X <u>18</u> = <u>\$108.00</u></td></tr> <tr><td>Independent Claims <u> </u></td><td>- 3 = <u> </u></td><td>X <u> </u> = <u> </u></td></tr> <tr><td>Multiple Dependent Claims <u> </u></td><td>- <u> </u> = <u> </u></td><td>X <u> </u> = <u> </u></td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td>\$ 108.00</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	740	201	370	106	330	206	165	107	510	207	255	108	740	208	370	114	160	214	805	SUBTOTAL (1)		\$ 740.00		Extra Claims	Fee from below	Fee Paid	Total Claims <u>26</u>	- 20** = <u>6</u>	X <u>18</u> = <u>\$108.00</u>	Independent Claims <u> </u>	- 3 = <u> </u>	X <u> </u> = <u> </u>	Multiple Dependent Claims <u> </u>	- <u> </u> = <u> </u>	X <u> </u> = <u> </u>	SUBTOTAL (2)		\$ 108.00	<p>* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ _____</p>																																																																												
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SUBMITTED BY:

Name (Print/Type)	Mark B. Garred	Registration No. (Attorney/Agent)	34,823	Telephone	(949) 855-1246
Signature				Date	11/11/02

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Kristin Stenberg
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1. Utility Patent Application Transmittal;
2. Fee Transmittal (in duplicate);
3. Specification (20 pages);
4. Drawings (5 pages);
5. Declaration (2 pages);
6. Recordation Form Cover Sheet;
7. Assignment;
8. Check for \$40.00 (Assignment Fee);
9. Certified Copy of Priority Document;
10. Check for \$848.00; and
11. Return Receipt Postcard